

BREASTFEEDING/POSTPARTUM WOMAN NUTRITION QUESTIONS

Name: _____	Age: _____
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Please circle or write your answers to the following questions:

1. When is your next doctor's appointment? _____
Has your doctor talked to you about family planning/birth control? Yes No
 2. How is breastfeeding going for you? (*Circle one*)
(*not good*) 1..... 2..... 3..... 4..... 5 (*great*)
 3. **Which of these do you take?** Prenatal Vitamins Iron Pills Herbs Other Vitamins/Minerals
Laxatives Over the Counter Medications (Tylenol, Aspirin, etc.) None
Other Medications _____ Home Remedies (list) _____
 4. How do you feel about your weight now? Too little OK Too much
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5. **How many times a day do you eat?** _____ Meals _____ Snacks
 6. How many times a week do you eat fast food or food from a restaurant?
Never 1-2 times 3-4 times 5 or more times
 7. **Are you on a special diet?** Yes No If yes, explain _____
 8. **Are there foods you limit or do not eat?** Yes No If yes, which ones? _____

 9. **What do you eat/drink on most days?**
 ♦ Water Coffee Tea Regular Soda Diet Soda Gatorade
 ♦ Juice Punch/Kool Aid Alcohol Beer Wine
 ♦ Fruits Vegetables
 ♦ Milk (Skim/Lowfat/Whole) Cheese Yogurt Cottage Cheese Pudding/Custard
 ♦ Meat Chicken Turkey Fish Hotdogs Tofu Beans/Lentils Peanut Butter Eggs Nuts
 ♦ Breads Cereals Tortillas Rice Noodles Rolls Crackers Pan Dulce
 ♦ Candy Cookies Cakes Donuts Ice Cream Chips French Fries
 ♦ Other (list) _____
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10. Which one or more of the following words describes how you feel?
Happy OK Tired Depressed Sad Stressed Angry Other _____
 11. What kind of activity do you do on most days? Walk Run Bike Dance Sports
Swim Exercise Class/Gym Garden None Other (list) _____
 12. **Do you ever run out of money or food stamps to buy food?** Yes No
 13. What nutrition and health questions do you have today? _____

For Staff Use Only

Date: _____ WIC Staff Name: _____

Participant WIC ID#: _____ Height: _____ Weight: _____

